

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL AVE.
PIERRE, S.D. 57501
(605)773-4845
Fax (605)773-4550

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent
(name of registered agent)

to serve as the registered agent for _____
(corporate name)

Dated _____

(signature of registered agent)

*** * * Submit one original and one copy * * ***